

Your Benefits Connection

2010-2011



# **Employees**

and Non-Medicare
Retirees and Survivors



# GIC Continues to Tackle Rising Costs and Disparities in Health Care Quality

The Group Insurance Commission (GIC) has been on the forefront of raising awareness about differences in provider quality and costs. With the GIC's Clinical Performance Improvement (CPI) Initiative, which began in 2004, members pay lower copays for providers with the highest quality and/or cost-efficiency scores:

- ★★★ Tier 1 (excellent)
  - ★★ Tier 2 (good)
    - ★ Tier 3 (standard)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level copay.

#### How are physician tiers determined?

Based on a thorough analysis of physician claims, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and/or cost-efficiency.



#### **New Health Plans Introduced**

The GIC is offering two new Employee/Non-Medicare health plan choices. These plans help address differences in provider costs and encourage employees to save money by enrolling in a narrower network plan:

- Harvard Pilgrim Primary Choice Plan this new HMO, which includes selection of a Primary Care Physician (PCP), will be offered throughout most of Massachusetts at an attractive premium.
- Tufts Health Plan Spirit this Exclusive Provider Organization (EPO), which does not require the selection of a Primary Care Physician (PCP), will be offered at an attractive premium.

#### Fallon Community Health Plan Direct Care HMO

- PCP required yes
- Referrals to network specialists required yes
- Out-of-network benefits no, except for emergency care

#### Fallon Community Health Plan Select Care HMO

- PCP required yes
- Referrals to network specialists required yes
- Out-of-network benefits no, except for emergency care

#### Harvard Pilgrim Independence Plan PPO

- PCP required no
- Referrals to network specialists required no
- Out-of-network benefits yes

#### Harvard Pilgrim Primary Choice Plan HMO

- PCP required yes
- Referrals to network specialists required yes
- Out-of-network benefits no, except for emergency care

#### Health New England HMO

- PCP required yes
- Referrals to network specialists required no
- Out-of-network benefits no, except for emergency care

#### NHP Care - Neighborhood Health Plan HMO

- PCP required yes
- Referrals to network specialists required no
- Out-of-network benefits no, except for emergency care

#### Tufts Health Plan Navigator PPO

- PCP required no
- Referrals to network specialists required no
- Out-of-network benefits yes

#### **Tufts Health Plan Spirit EPO** (HMO-type)

- PCP required no
- Referrals to network specialists required no
- Out-of-network benefits no, except for emergency care

#### UniCare State Indemnity Plan/Basic (Indemnity Plan)

- PCP required no
- Referrals to network specialists required no
- Out-of-network benefits not applicable; the Indemnity Plan is available throughout the U.S. and outside of the country.

### **UniCare State Indemnity Plan/Community Choice** (PPO-type)

- PCP required no
- Referrals to network specialists required no
- Out-of-network benefits yes

#### **UniCare State Indemnity Plan/PLUS** (PPO-type)

- PCP required no
- Referrals to network specialists required no
- Out-of-network benefits yes



Benefits Connection

#### **Calendar Year Deductible**

The deductible is a fixed dollar amount you must pay each calendar year before your health plan begins paying benefits for you or your covered dependent(s).

The lists below summarize expenses that generally are and are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. Also, as with all benefits, *variations in the guidelines below may occur, depending upon individual patient circumstances and a plan's schedule of benefits.* 

Examples of expenses generally *exempt* from the deductible:

- Prescription drug benefits
- Mental health/substance abuse benefits
- Office visits (Primary Care Physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Wigs (medically necessary)
- Hearing aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

Examples of expenses generally *subject to* the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- Bone density screenings
- X-rays and radiology (including high-tech imaging, such as MRI, PET and CT scans)
- Durable medical equipment



#### Mark the Date!

Forms are Due Monday, May 10 for Changes Effective July 1, 2010

- New employees and Non-Medicare retirees/ survivors joining July 1: Return completed form with required documentation to the GIC Coordinator in your benefits office
- Current active employees: Return completed forms to your GIC Coordinator
- Current retirees and survivors: Return completed forms to the GIC

This chart is a comparative overview of GIC plan benefits. See the coffer out-of-network benefits with higher out-of-pocket costs. With

HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE	
PLAN TYPE	НМО	
TELEPHONE NUMBER	1.866.344.4442	
WEBSITE	www.fchp.org	
Calendar Year Deductible Individual Two person family Three or more person family	\$250 \$500 \$750	
Primary Care Physician Office Visit - Sick Visit (Some plans offer lower copays for wellness visits; contact the plan for details.)  *** Tier 1 (excellent)  ** Tier 2 (good)  * Tier 3 (standard)	\$15 per visit no tiering no tiering	
Specialist Physician Office Visit  *** Tier 1 (excellent)  ** Tier 2 (good)  * Tier 3 (standard)  Retail Clinic	\$25 per visit no tiering no tiering \$15 per visit	
Outpatient Mental Health	\$15 per visit	
and Substance Abuse Care Emergency Room Care	\$100 per visit (waived if admitted)	
Inpatient Hospital Care: Medical Tier 1 Tier 2 Tier 3	\$200 per admission no tiering	
Outpatient Surgery	\$110 per occurrence	
High-Tech Imaging (e.g. MRI, CT and PET scans)	\$100 per scan	
Prescription Drug Retail: up to a 30-day supply Tier 1 Tier 2 Tier 3	\$10 \$25 \$50	
Mail-order: Maintenance drugs up to a 90-day supply Tier 1 Tier 2 Tier 3	\$20 \$50 \$110	

orresponding overview information for each plan for more information. Benefits described below for the Harvard Pilgrim Independence Plan, To the exception of emergency care, there are no out-of-network benefits for the GIC's EPO and HMOs. For providers, benefit details, exclusions

FALLON COMMUNITY HEALTH PLAN SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN	HARVARD PILGRIM PRIMARY CHOICE PLAN	HEALTH NEW ENGLAND	NHP CARE (Neighborhood Health Plan)		
НМО	PPO	НМО	НМО	НМО		
1.866.344.4442	1.800.542.1499	1.800.542.1499	1.800.842.4464	1.800.462.5449		
www.fchp.org	www.harvardpilgrim.org/gic	www.harvardpilgrim.org/gic	www.hne.com	www.nhp.org		
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750		
\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$15 per visit \$25 per visit \$30 per visit		
\$25 per visit \$35 per visit \$45 per visit	\$20 per visit \$35 per visit \$45 per visit	\$20 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit		
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit		
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$25 per visit		
\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)		
¢250		er calendar quarter or per y		· ·		
\$250 per admission no tiering	\$250 per admission \$500 per admission \$750 per admission	\$250 per admission \$500 per admission no tier 3	\$250 per admission no tiering	\$250 per admission no tiering		
	Maximum four copays per calendar quarter or per year, depending on					
\$125 per occurrence	\$150 per occurrence	\$150 per occurrence	\$110 per occurrence	\$110 per occurrence		
·	imum one copay per day. C		4405			
\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan		
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50		
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110		

ufts Health Plan Navigator, and UniCare State Indemnity Plan/Community Choice and PLUS are in-network benefits. These plans also , and limitations, see the plan handbook or contact the individual plan.

TUFTS HEALTH PLAN NAVIGATOR	TUFTS HEALTH PLAN SPIRIT	UNICARE STATE INDEMNITY PLAN/BASIC With CIC (Comprehensive) Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	UNICARE STATE INDEMNITY PLAN/PLUS
PPO	HMO-TYPE	INDEMNITY	PPO-TYPE	PPO-TYPE
1.800.870.9488	1.800.870.9488	1.800.442.9300	1.800.442.9300	1.800.442.9300
www.tuftshealthplan.com/gic	www.tuftshealthplan.com/gic	www.unicarestateplan.com	www.unicarestateplan.com	www.unicarestateplan.com
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750
\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$15 per visit \$30 per visit \$35 per visit	\$15 per visit \$30 per visit \$35 per visit	\$15 per visit \$30 per visit \$35 per visit
\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$20 per visit \$30 per visit \$40 per visit	\$25 per visit \$30 per visit \$45 per visit	\$25 per visit \$30 per visit \$45 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
•	calendar year. Contact the		i .	
\$300 per admission \$700 per admission no tier 3	\$300 per admission \$700 per admission no tier 3	\$200 per admission no tiering	\$250 per admission no tiering Note: Limited hospital network	\$250 per admission \$500 per admission \$750 per admission
plan. Contact the plan for	details.			
\$150 per occurrence	\$150 per occurrence	\$110 per occurrence	\$110 per occurrence	Tier 1 and Tier 2: \$110 per occurrence; Tier 3: \$250 per occurrence
	Maximum on	e copay per day. Contact th	ne plan for details.	
\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110

## Weigh Your Options Before Choosing a Health Plan

- Where you live determines which plan(s) you may enroll in. See the map below to see which health plans are available in your area.
- See your GIC Benefit Decision Guide for eligibility details, additional benefit information, rates, and factors to consider when choosing a health plan.
- Contact the health plans you are considering to find out:
  - Information on health plan benefits that are not described in this brochure;
  - If your doctors and hospitals are in the network; and
  - Which copay tiers your doctors and hospitals are in.
- See the GIC's website (www.mass.gov/gic) for additional information.

NHP Care (Neighborhood Health

Plan)

#### **Additional Contact Information**

#### All UniCare State Indemnity Plans

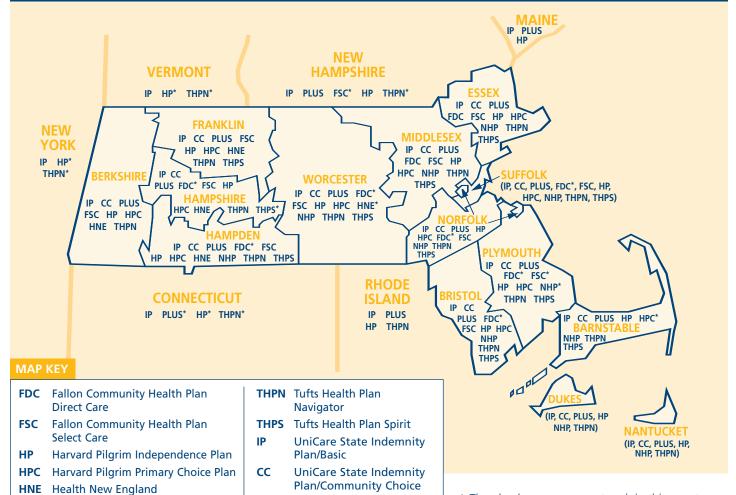
- **Prescription Drug Benefits** (CVS Caremark): 1.877.876.7214; www.caremark.com/gic
- Mental Health/Substance Abuse and EAP Benefits (United Behavioral Health): 1.888.610.9039; www.liveandworkwell.com (access code: 10910)

#### Tufts Health Plan Navigator and Spirit Plans

Mental Health/Substance Abuse and EAP Benefits (United Behavioral Health): 1.888.610.9039; www.liveandworkwell.com (access code: 10910)

The UniCare State Indemnity Plan/Basic is the only Employee/Non-Medicare health plan that is available throughout the United States and outside of the country.

Where You Live Determines Which Plan You May Enroll In. Is the *Employee, Non-Medicare Retiree/Survivor* Health Plan Available Where You Live?



**PLUS** UniCare State Indemnity

Plan/PLUS

\* The plan has a narrow network in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.